

FIG. 1

FIG. 2a

COMPARISON OF TWO COMPLIANT QUESTION SESSIONS

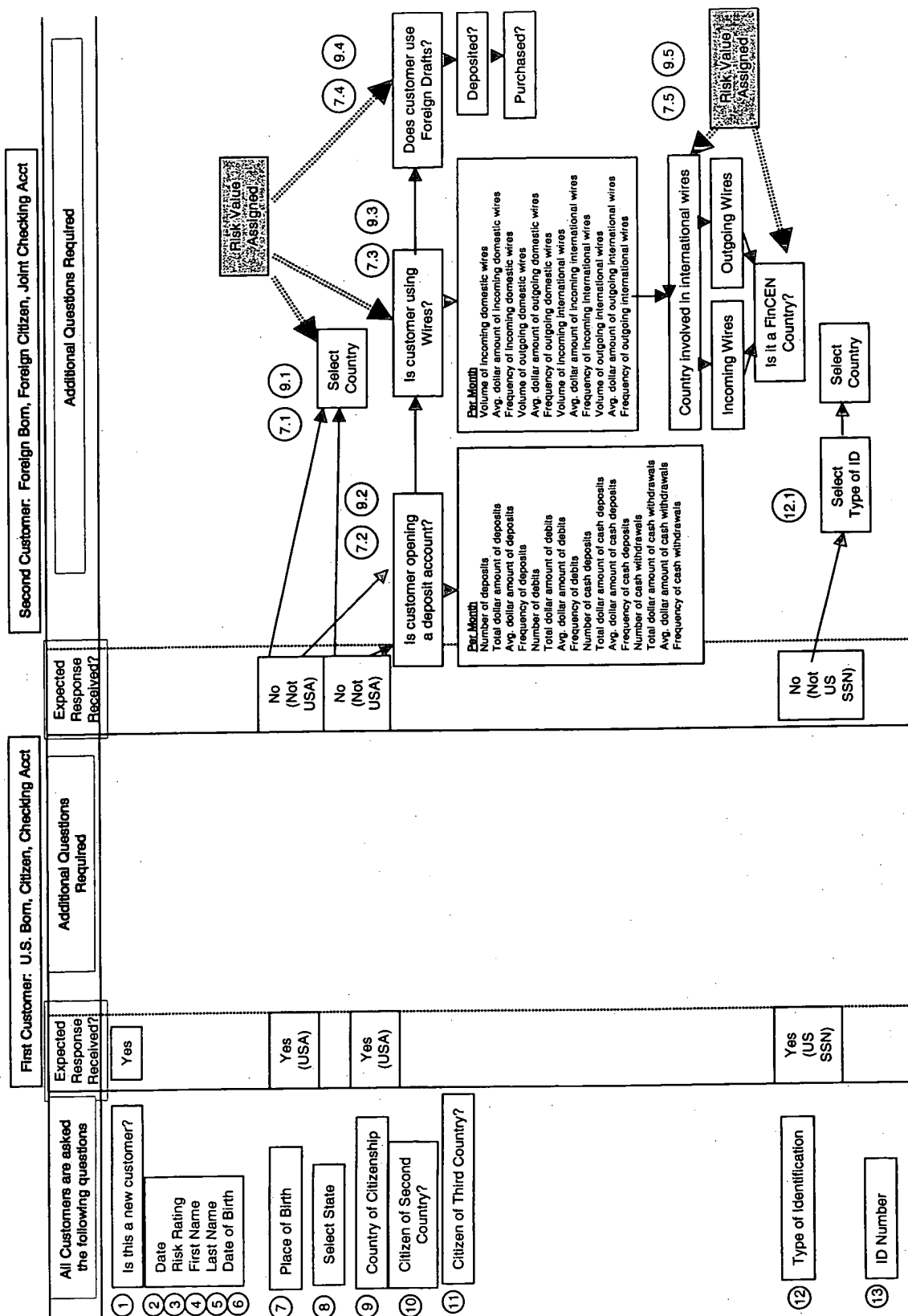


FIG. 2b

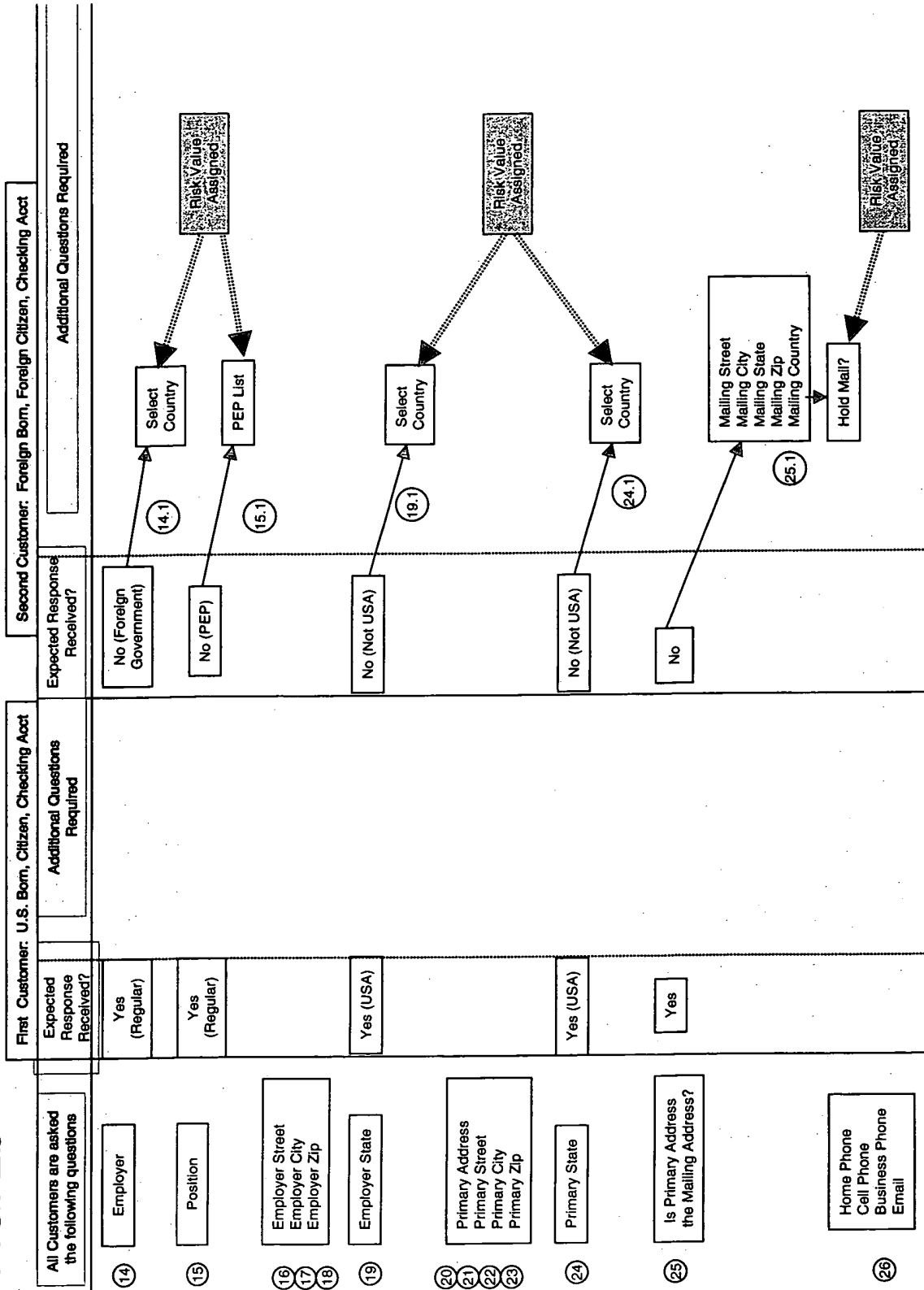


FIG. 2c

All Customers are asked the following questions	First Customer: U.S. Born, Citizen, Checking Acct		Second Customer: Foreign Born, Foreign Citizen, Checking Acct	
	Expected Response Received?	Additional Questions Required	Expected Response Received?	Additional Questions Required
27 Initial Amount to be Deposited				
28 Source of Initial Deposit	Yes (Source on list)		No (Not on list)	
29 Estimated Annual Income	Yes (Less than \$100K)		No (Greater than \$100K)	29.1 Estimated Net Worth Source of Wealth
30 Source of Income				
31 Type of Account or Service Required?	Yes (Checking)		Yes (Checking)	
32 Type of Product Plan				
33 Account Number 34 Date Opened 35 RC #				
36 Joint Account?	Yes (Not joint)		No (Joint)	36.1 First Name Last Name DOB State of Birth Country of Birth Country of Citizenship Other Country of Citizenship Type of ID ID # Country of Residence Employer Position

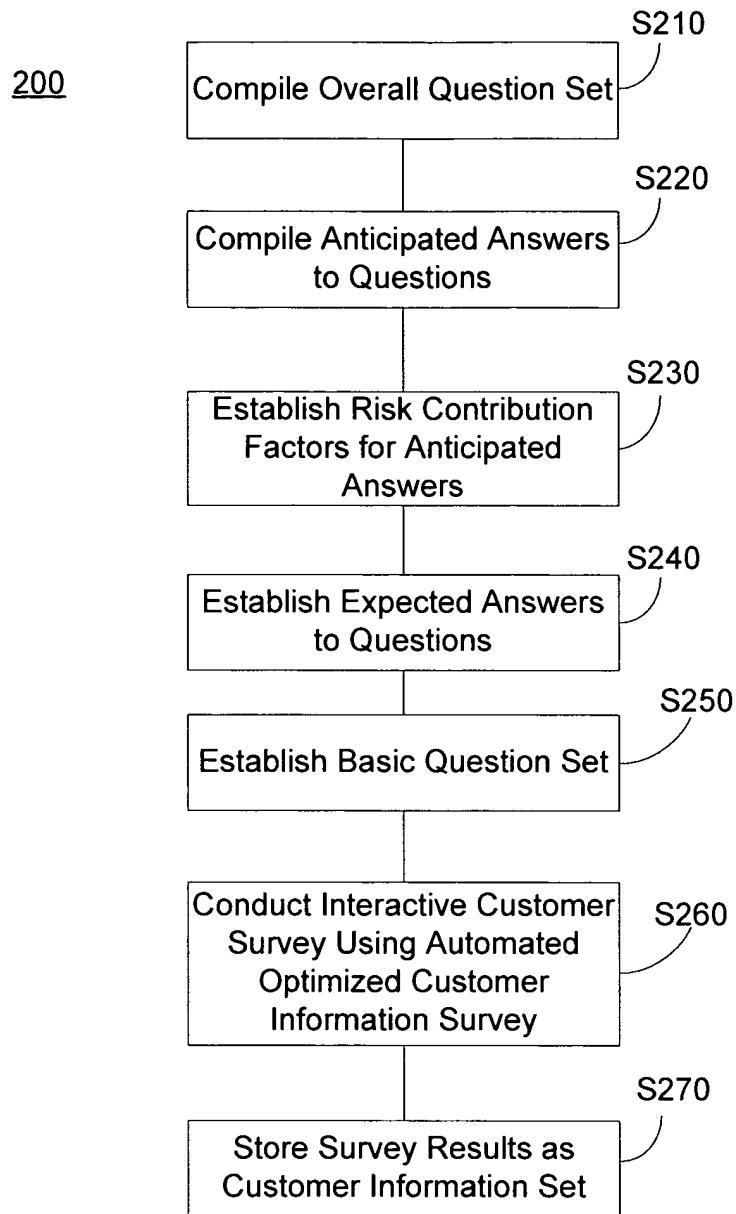


FIG. 3

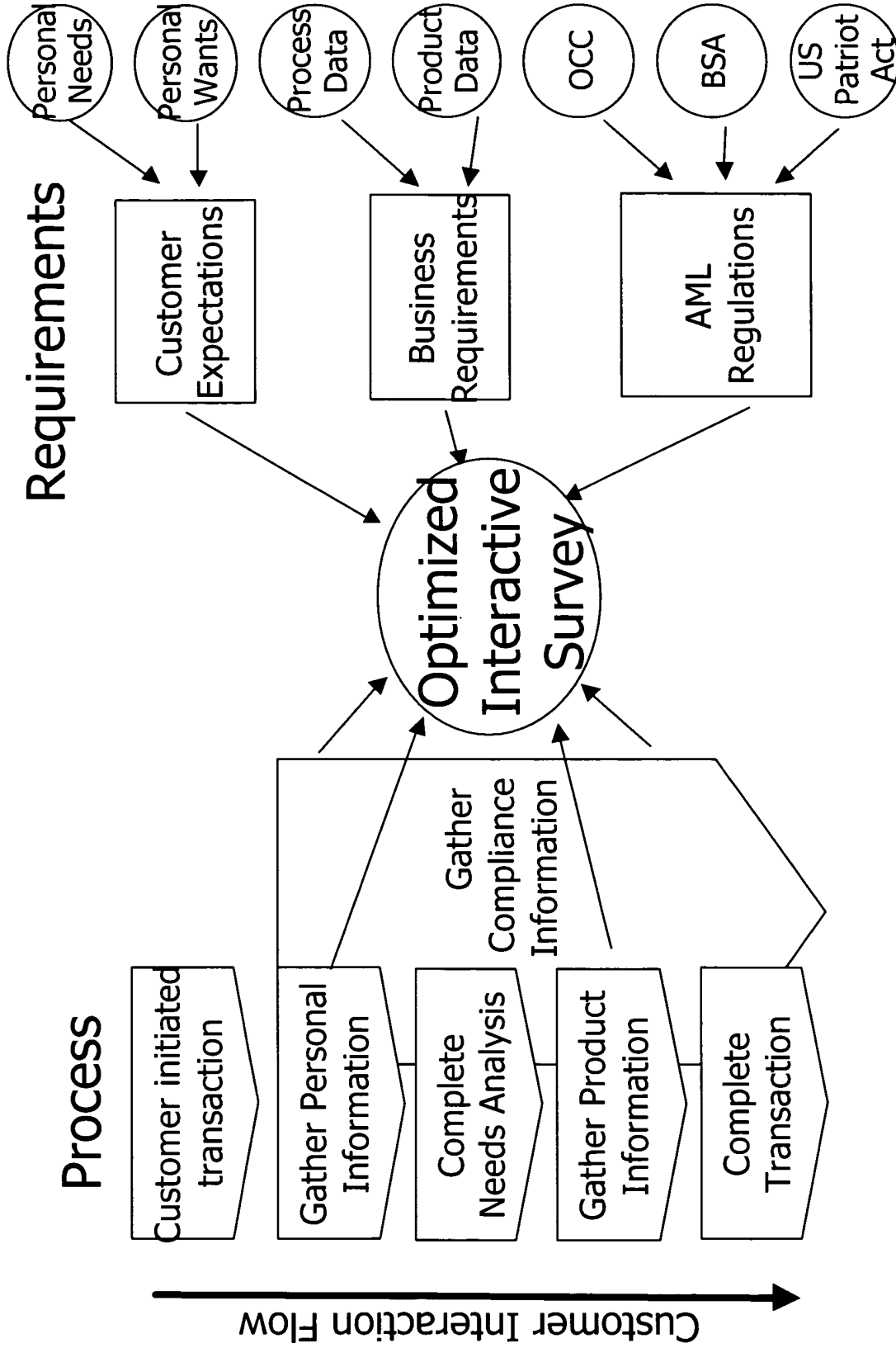


FIG. 4

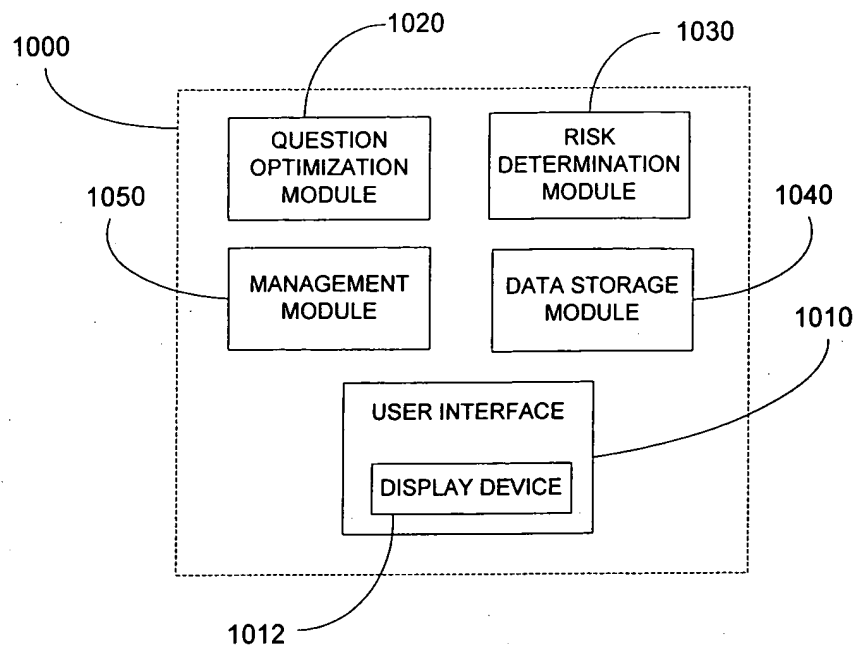


FIG. 5

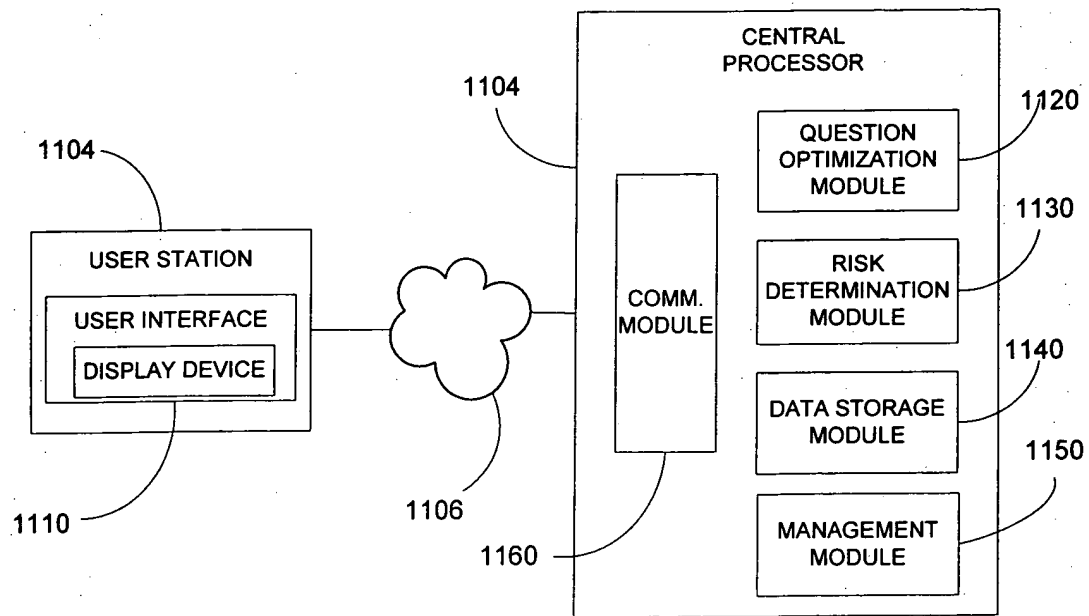


FIG. 6

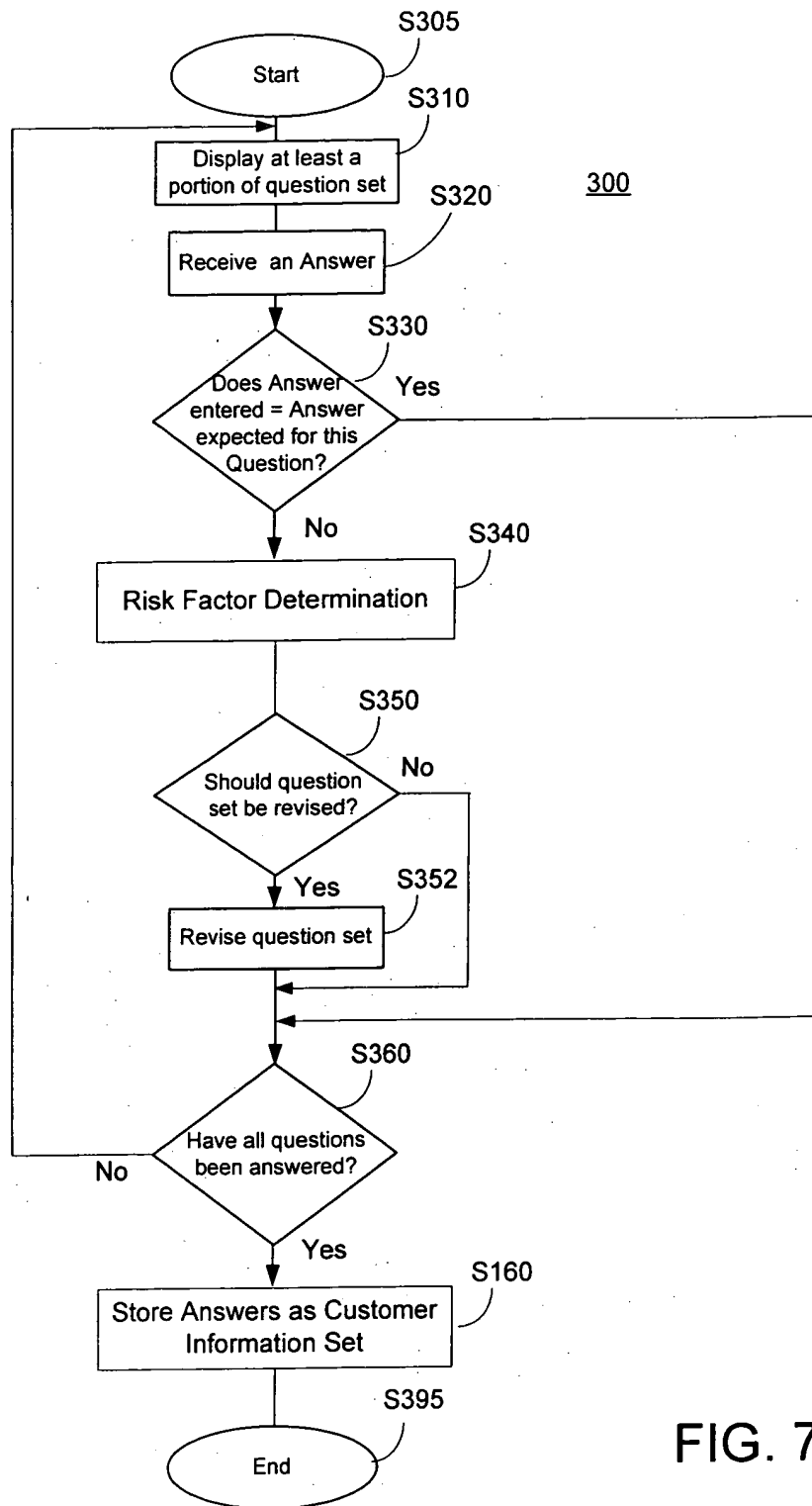


FIG. 7

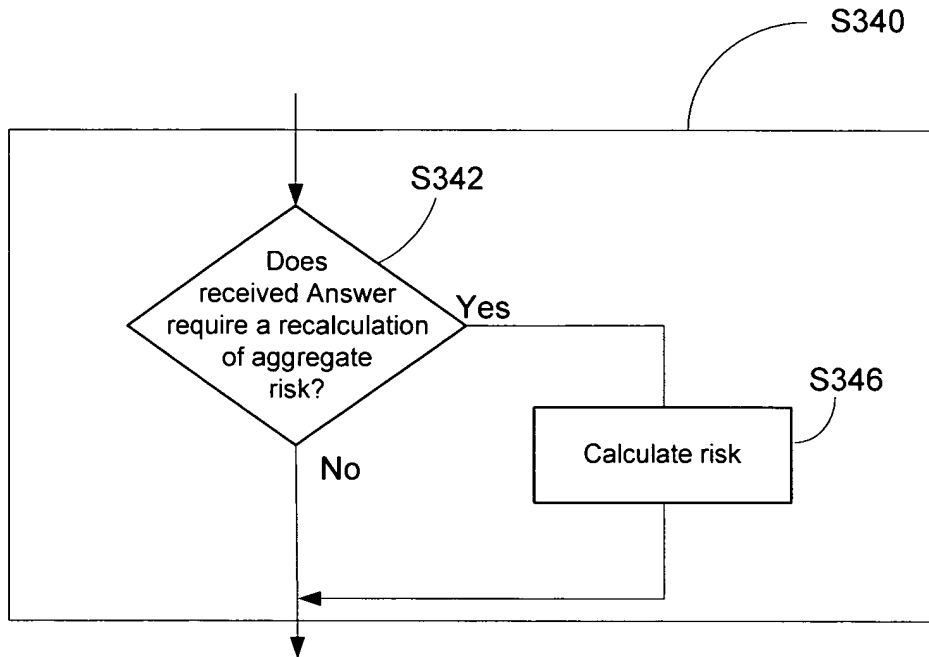


FIG. 8

Customer Identification Program - Individual - Microsoft Internet Explorer

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RIGGS

Customer Identification Program - Individual

General Identification Account Information Information Verification Completion Review and Approval

New Form Updated Date Risk Rating

IDENTIFICATION OF PRIMARY ACCOUNTHOLDER

Primary Accountholder

		Enhanced Due Diligence					Other Lists	
		PEP	NRA	FNCE	FATF	OFAC	License Number	
Last Name	Maddox	No	No	No	No	No	N/A	
First Name	Shawnta	No	No	No	No	No	N/A	
Date of Birth	00/00/00							
Country of Birth								
Country of Citizenship #1								
Country of Citizenship #2								
Country of Citizenship #3								
Type of Identification								
Identification Number								
Country of Issuance								
Employer								
Position								
If other, Explain								

Primary Address (No PO Boxes except APO or FPO)

Street 4234 4th St, SE #201

Mailing Address (if available)

Street

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FIG. 9

Customer Identification Program - Individual - Microsoft Internet Explorer

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RIGGS Customer Identification Program - Individual

General Identification Information Information Verification Completion Review and Approval

New Form ☐ Yes ☒ No

IDENTIFICATION OF PRIMARY ACCOUNTHOLDER

Primary Accountholder

		Enhanced Due Diligence					Other Lists		License Number
		PEP	NRA	FCEN	FATF	OFAC			
Last Name	KIFLU	No	No			No			
First Name	SOLOMON	No	No			No			
Date of Birth	00/00/00								
Country of Birth	Guatemala			Yes	No	No			
Country of Citizenship #1				Yes	No	No			
Country of Citizenship #2				Yes	No	No			
Country of Citizenship #3				Yes	No	No			
Type of Identification	TIN (Taxpayer Identification Number)								
Identification Number									
Country of Issuance	Lesotho								
Employer	ABC Company								
Position									
If other, Explain									

Former U.S. Local Senior Official

Primary Address (No PO Boxes except APO or FPO) Mailing Address (if available)

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FIG. 10

RIGGS

Customer Identification Program - Individual

General Identification Accounts System Alerts Information Verification Consultation Escalation Approval

New Form Updated Date Risk Rating

IDENTIFICATION OF PRIMARY ACCOUNTHOLDER

REFERRAL / INTRODUCTION

FINANCES OF PRIMARY ACCOUNTHOLDER

Estimated Annual Income (All Sources)

Source of Funds (Check all that apply)

Salary/Wages	<input type="checkbox"/>	Royalties	<input type="checkbox"/>	Investments	<input type="checkbox"/>	Pension	<input type="checkbox"/>
Public Assistance	<input type="checkbox"/>	Rental Income	<input type="checkbox"/>	Trust	<input type="checkbox"/>	Income from a Family Business	<input type="checkbox"/>
Other	<input type="checkbox"/>						

Estimated Net Worth (All Sources)

Sources of Wealth (Check all that apply)

Salary/Wages	<input type="checkbox"/>	Sale of Real Estate	<input type="checkbox"/>	Gift	<input type="checkbox"/>	State of Business	<input type="checkbox"/>
Sale of Personal Property	<input type="checkbox"/>	Sale of Securities	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	Bonuses	<input type="checkbox"/>
Tax Refund	<input type="checkbox"/>	Living Trust (Cash)	<input type="checkbox"/>	Living Trust (Non-Cash)	<input type="checkbox"/>	Investment Management Account	<input type="checkbox"/>
Other	<input type="checkbox"/>						

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FIG. 11

Customer Identification Program - Individual - Microsoft Internet Explorer

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FINANCES OF PRIMARY ACCOUNTHOLDER

Estimated Annual Income (All Sources)

Source of Funds (Check all that apply)

<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Royalties	<input type="checkbox"/> Investments	<input type="checkbox"/> Pension
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Trust	<input type="checkbox"/> Income from a Family Business
<input type="checkbox"/> Other			

Estimated Net Worth (All Sources)

Sources of Wealth (Check all that apply)

<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> Sale of Real Estate	<input type="checkbox"/> Gift	<input type="checkbox"/> State of Business
<input type="checkbox"/> Sale of Personal Property	<input type="checkbox"/> Sale of Securities	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Bonus
<input type="checkbox"/> Tax Refund	<input type="checkbox"/> Living Trust (Cash)	<input checked="" type="checkbox"/> Living Trust (Non-Cash)	<input checked="" type="checkbox"/> Investment Management Account
<input checked="" type="checkbox"/> Other			

If Other, Explain

If Living Trust (Cash)

Personal Bank Accounts ☐ Proceeds from Sale of Assets ☐

If Living Trust (Non-Cash)

Securities ☐ Real Estate ☐

If Investment Management Account

Transfer from Other Client Account ☐ Proceeds from Sale of Assets ☐ Bonus ☐ Tax Refund ☐

Other ☐

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FIG. 12

[illegible]

FIG. 13